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| <b>FEE TRANSMITTAL</b>   |              | <b>Complete if Known</b>                 |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
|--|--------------|--|-----------------------------------|--|---------------|-----------------|-----------|-------|-------|-----|----------|------------------------|--------|------|------|-----|-----|-----------------------------------|--|------|------|-----|-----|---------------------------------------|--|------|------|-----|-----|--|--|------|------|-----|----|--|--|---------------------|--|--|--|--|---------------|--|--|
| <b>for FY 2003</b>   |              | Application Number                       | Not Yet Assigned                  |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>   |              | Filing Date                              | Concurrently Herewith             |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |              | First Named Inventor                     | Brian Melgaard                    |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
|  |              | Examiner Name                            | Not Yet Assigned                  |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
|  |              | Art Unit                                 | N/A                               |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| TOTAL AMOUNT OF PAYMENT (\$)   |              | 786.00                                   | Attorney Docket No. MASCO 3.0-049 |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>  |              | <b>FEE CALCULATION (continued)</b>       |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |              | <b>3. ADDITIONAL FEES</b>                |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <input checked="" type="checkbox"/> Deposit Account  |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| Deposit Account Number 12-1095   |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| Deposit Account Name Lerner, David, Littenberg, Krumholz & Mentlik, LLP  |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| The Director is hereby authorized to: (check all that apply)   |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application   |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <b>FEE CALCULATION</b>   |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <b>1. BASIC FILING FEE</b>   |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>750</td><td>375</td><td>Utility filing fee</td><td>750.00</td></tr><tr><td>1002</td><td>2002</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>520</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>750</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>750.00</b></td></tr></tbody></table>  |              | Large Entity                             | Small Entity                      | Fee Code   | Fee (\$)      | Fee Description | Fee Paid  | 1001  | 2001  | 750 | 375      | Utility filing fee     | 750.00 | 1002 | 2002 | 330 | 165 | Design filing fee                 |  | 1003 | 2003 | 520 | 260 | Plant filing fee                      |  | 1004 | 2004 | 750 | 375 | Reissue filing fee                                 |  | 1005 | 2005 | 160 | 80 | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>750.00</b> |  |  |
| Large Entity   | Small Entity | Fee Code                                 | Fee (\$)                          | Fee Description  | Fee Paid      |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1001   | 2001         | 750                                      | 375                               | Utility filing fee   | 750.00        |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1002   | 2002         | 330                                      | 165                               | Design filing fee  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1003   | 2003         | 520                                      | 260                               | Plant filing fee   |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1004   | 2004         | 750                                      | 375                               | Reissue filing fee   |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1005   | 2005         | 160                                      | 80                                | Provisional filing fee                                     |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <b>SUBTOTAL (1)</b>  |              |  |                                   |  | <b>750.00</b> |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
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| Total Claims   | Extra Claims | Fee from below                           | Fee Paid                          |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 22   | -20** = 2    | 18.00                                    | 36.00                             |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 3  | -3** = 0     |  | 0.00                              |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
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| Large Entity   | Small Entity | Fee Code                                 | Fee (\$)                          | Fee Description  | Fee Paid      |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1202   | 2202         | 18                                       | 9                                 | Claims in excess of 20                                     |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1201   | 2201         | 84                                       | 42                                | Independent claims in excess of 3                          |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1203   | 2203         | 280                                      | 140                               | Multiple dependent claim, if not paid                      |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1204   | 2204         | 84                                       | 42                                | ** Reissue independent claims over original patent         |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| 1205   | 2205         | 18                                       | 9                                 | ** Reissue claims in excess of 20 and over original patent |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <b>SUBTOTAL (2)</b>  |              |  |                                   |  | <b>36.00</b>  |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <small>** or number previously paid, if greater; For Reissues, see above</small>   |              |  |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
|  |              | <b>Other fee (specify)</b>               |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
|  |              | <b>*Reduced by Basic Filing Fee Paid</b> |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
|  |              | <b>SUBTOTAL (3) (\$)</b> 0.00            |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| <b>SUBMITTED BY</b>  |              | <b>Complete (if applicable)</b>          |                                   |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| Name (Print/Type) Scott S. Servilla  |              | Registration No. (Attorney/Agent) 40,806 | Telephone (908) 518-6388          |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |
| Signature   |              | Date                                     | August 4, 2003                    |  |               |                 |           |       |       |     |          |                        |        |      |      |     |     |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |               |  |  |